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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10391
Facility Name:	Anaheim General Hospital - Buena Park Campus
Address:	5742 Beach Blvd.
City:	Buena Park
Hospital Owner/Lice	ensee: Pacific Health Corporation
Year of Rep	porting: 2010
Contact 1 e-mail Ac	ldress:
Contact 2 e-mail Ac	ldress:
Contact 3 e-mail Ad	dress::
Name of Sub	mitter: Bob Freeman, Architect
Submission	n Date: 1/25/2011 3:00:00 PM

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Original Building		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	11 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis  Outpatient
X Skilled Nursing	Inpatient Beds	31 Inpatient Days 4020	Services	Surgery
		Total Beds this Building 42	Cesarean/Deliv	Central Plant

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	Original Building		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 11 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 31 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ient
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	42	42

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Original Building	X

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Provide the number of from acute care services			type of service for the year of	2008, 2009	and 2010 for build	lings t	o be removed
Building 01 Number:	Building Name:	Original Bu	illding		Year of Information:	20	800
				Inforr Of:	mation Current As	01	/19/2011
Type of Services Provided		ı					
Nursing	Inpatient Beds	0	Surgical		bstetrical esarean/Deliv	X	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol	Inpatient Beds	0	X Clinical Lab		bstetrical ecovery		Renal Dialysis
X Psychiatric Nursing	Inpatient Beds	11	X Radiological/ Imaging		ewborn/ /ellBaby		Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	X Pharmaceutical	E	mergency		Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic		uclear edicine	X	Support Services
X Skilled Nursin	g Inpatient Beds Total Beds this	31	X Administration				
	Building	]					

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Provide the number of i from acute care service			type of service for the year o	f 2008, 2009 and 2010 for buil	dings to be removed
Building 01 Number:	Building Name:	Original Bu	uilding	Year of Information:	2009
				Information Current As Of:	01/19/2011
Type of Services Provided					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	11	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services
X Skilled Nursing	Inpatient Beds	31	X Administration		
	Total Beds th Building	is 42	I		

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	- Ca	ampus				
Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 01 Number:	Building Name:	Original Bui	ilding	Year of Information:	2010	
				Information Current As Of:	01/19/2011	
Type of Services Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis	
X Psychiatric Nursing	Inpatient Beds	11	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0	X Dietetic	Nuclear Medicine	X Support Services	
X Skilled Nursing	Inpatient Beds	31	X Administration			
	Total Beds this Building	42				

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number:  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Psychiatric Nursing Removed from hospital services
Building Number:  Original Building Number:  Will general court core convices and hade will be releasted to a new or retrefitted building?
Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Skilled Nursing  Removed from hospital services
Building Number: Original Building Name: Original Building
Number:  Will general acutr care services and beds will be relocated to a new or retrofittrd building?

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Building Number:  Will general acutr care services and beds will be relocated to a new or retrofittrd building?  Pharmaceutical Removed from hospital services	· ]	
Building Name: Original Building Number:		
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	?	
Dietetic Removed from hospital services		
Building Name: Original Building Number:		
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	?	
Administration Removed from hospital services		
Building Name: Original Building Number:		
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	?	
Support Services Removed from hospital services		

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Building Number: Will general acuti Rehabilitation Therapy	01 Building Name r care services and beds will be Removed from hospital	e relocated to a new or retrofittrd building	ng?	
Building Number: Will general acuti Acute Psychiatric		e relocated to a new or retrofittrd buildir	ng?	
Building Number: Will general acuti Skilled Nursing	01 Building Name r care services and beds will be	e relocated to a new or retrofittrd building	ng?	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: 01	Building Name: Original Building				
Type of Service Provided					
	Surgical	Obstetrical X Rehabilita Cesarean/Deliv Therapy	ation		
Nursing	Anesthesia				
IntensiveCare		Obstetrical Renal Dia	alysis		
Pediatric/Adol	X Clinical Lab	Outpatier	nt		
∟ escent	X Radiological/	Newborn/ Surgery WellBaby			
X Psychiatric Nursing	Imaging  X Pharmaceutical	ıl Emergency Central P	Plant		
Obstetrical	X Pharmaceutical	Central P	Tarit		
Ante/Postprtur	n X Dietetic	Nuclear X Support Services			
Intermediate Care	X Administration				
X Skilled Nursing					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Original Building							
Configuration Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5							
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
Inf	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	termediate	X	Dietetic	Ш	Emergency		Central Flam
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services

Report Status: Data Last Update: 01/19/2011 Submission Date: 01/25/2011 Print Date: 1/26/2011 8:38 AM

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